

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023777

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

171

Primary Registration District No.

4266

Registrar's No.

22

STATE FILE NUMBER

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN WellingtonLength of stay in lb  
15 years

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lafayette

c. CITY OR TOWN Wellington

Inside Limits  
Yes ☒ No ☐

## c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 1 1/2 blocks west 131 &amp; 24

Inside Limits  
Yes ☒ No ☐

## d. STREET ADDRESS (If outside, give location)

1 1/2 blocks west 131 &amp; 24

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

ADOLPH

BETTIN

STALLING

## 4. DATE OF DEATH

Month

Day

Year

June 20, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8/11/1911

## 9. AGE (last birthday)

50

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor

## 10b. KIND OF BUSINESS OR INDUSTRY

Soil Conservation

## 11. BIRTHPLACE (City and state or country)

Near Wellington

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

George Stalling

## 13b. MOTHER'S MAIDEN NAME

Edith Kruetz

## 14. NAME OF HUSBAND OR WIFE

Edna Stalling

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Edna Stalling Wellington, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hypovolemic Shock

## INTERVAL BETWEEN ONSET AND DEATH

15 minutes

## DUE TO (b)

Rupture of Aorta

25 minutes

## DUE TO (c)

metastasis from AdenoCA of Sigmoid

1 year

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from July 1, 1961 to June 20, 1962 and last saw him alive on June 20, 1962

Death occurred at 9:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

D.D. Sheppard

## 22b. ADDRESS

Wellington, Mo.

## 22c. DATE SIGNED

6/22/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6/23/1962

## 23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

## 23d. LOCATION (City, town, or county)

Wellington, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

J. C. Sheppard Wellington, Mo.

## 25. DATE RECD. BY LOCAL REG.

6/27/1962

## 26. REGISTRAR'S SIGNATURE

Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3961 E 7th St

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. Blair Higgins*

Licensed Embalmer No. 4179

P. O. Address Wellington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.